|                    | ]Fa  | iled 🗌  | Closed   IHH   | State of Maine H                      | lea                                 | lth                     | ı İr     | ารเ   | pecti        | on Report                      | t                |          | Page           | 1 of 4      |                 |     |
|--------------------|--|---|--|---------------------------------------|-------------------------------------|-------------------------|----------|-------|--------------|--------------------------------|------------------|----------|----------------|-------------|-----------------|-----|
|                    |  |   |  |                                       | Critic                              | al Vic                  | olatio   | ns    |              | <u> </u>                       |                  | 3        | Date           | 8/5/2       | 2021            |     |
| Establishment Name |  |   |  | AS AUDIO 12 CO Dy 22 III IOA G 2400   |                                     | Non-Critical Violations |          |       |              |                                |                  | 4        | Time In        | 11:0        |                 |     |
| JA                 | DE   | GARDEN  |  |                                       | Certif                              | ed F                    | ood      | Prot  | ection Ma    | nager                          |                  | Υ        | Time Out       | <u>12:4</u> | 0 PI            | VI_ |
|                    |  |   | te/EST. ID#  | Address                               |                                     | Cit                     | -        |       |              |                                | Zip Code         | _        | Telephon       |             |                 |     |
| _                  | _  | 2021  | / 7466   | 675 MAIN ST                           |                                     | -                       | EWIS     | _     |              |                                | 04240-580        |          | 207-783        |             |                 |     |
|                    |  | е Туре  |  | Owner Name                            | Purpose of Inspection Li            |                         |          |       | License Post |                                |                  | ategory  |                |             |                 |     |
| М                  | JN   | - EATING  |  | YAN QIN LLC                           |                                     |                         | egul     |       |              |                                | Yes              |          | High           |             |                 |     |
|                    |  |   | FOOL   | BORNE ILLNESS RISK FA                 | СТО                                 | RS                      | AND      | ) Pl  | JBLIC H      | IEALTH INTER                   | VENTIONS         | 1        |                |             |                 |     |
|                    | c  | ircle desia   | nated compliance status                              | (IN, OUT, N/O, N/A) for each number   | ered it                             | em                      |          |       |              | Mark"X" in appropi             | riate box for C  | OS an    | d/or R         |             |                 |     |
|                    |  | in complian   | •  | • • • • •                             | ot app                              |                         | le       |       |              | S=corrected on-site            |                  |          |                | t violation |                 |     |
|                    | mnl  | iance Statu   | e e  |                                       | cos                                 | R                       | T        | Con   | npliance S   | Status                         |                  |          |                |             | cos             | R   |
| -                  | Supervision Potentially Hazardous Food Time/Temperature  |   |  |                                       |                                     |                         |          |       |              | 1000                           |                  |          |                |             |                 |     |
| 1                  |  | IN  | PIC present, demonstra                               | ates knowledge, and                   | 16 IN Proper cooking time & tempera |                         |          |       | eratur       | es                             |                  |          |                |             |                 |     |
|                    |  |   | performs duties                                      | loyee Health                          |                                     | Н                       | 17       | _     | IN           | Proper reheati                 |                  |          |                |             | Ш               |     |
| 2                  |  | IN  | Management awarenes                                  |                                       | $\overline{}$                       | П                       | 18<br>19 |       | IN           | Proper cooling Proper hot hold |                  |          | es             |             | Н               |     |
| 3                  |  | IN  |  | g, restriction & exclusion            |                                     | П                       | 20       |       | OUT          | _ <b>-</b>                     |                  |          |                |             | Х               |     |
|                    |  |   |  | jienic Practices                      |                                     |                         | 21       |       | IN           | Proper cold ho Proper date ma  |                  |          |                |             | <u> </u>        |     |
| 4<br>5             |  | IN<br>IN  | Proper eating, tasting,<br>No discharge from eyes    | drinking, or tobacco use              | +                                   | Н                       | 22       |       | IN           | Time as a publi                |                  |          |                | k record    |                 |     |
|                    |  |   |  | mination by Hands                     |                                     |                         |          |       |              |                                | mer Advisory     | ·        |                |             |                 |     |
| 6                  |  | OUT   | Hands clean & properly                               | y washed                              | х                                   | П                       | 22       |       |              | Consumer advi                  | sory provided    | d for ra | aw or          |             |                 |     |
| 7                  |  | INI   | No bare hand contact v                               | vith RTE foods or approved            |                                     | П                       | 23       |       | IN           | undercooked fo                 | oods             |          |                |             | $\sqcup$        |     |
| Ш                  |  | IN  | alternate method prope                               | erly followed                         |                                     | Ц                       |          |       |              | Highly Susce                   |                  |          |                |             |                 |     |
| 8                  | _  | IN  |  | g facilities supplied & accessible    | <u> </u>                            | Ц                       | 24       |       | IN           | Pasteurized for offered        | ods used; pro    | hibited  | d foods not    |             |                 |     |
|                    |  | 18.1  |  | ved Source                            |                                     | Н                       |          |       |              |                                | Chemical         |          |                |             |                 |     |
| 9                  |  | IN  | Food obtained from app                               |                                       |                                     | Н                       | 25       | П     | IN           | Food additives                 |                  | prope    | rlv used       |             |                 | П   |
| 10                 |  | IN  | Food received at prope                               | · · · · · · · · · · · · · · · · · · · | +                                   | Н                       | 26       |       | IN           | Toxic substance                |                  |          |                | & used      |                 |     |
| 11                 |  | IN  | Food in good condition                               |                                       | -                                   | Н                       |          |       |              | Conformance with               |                  |          |                |             |                 |     |
| 12                 |  | IN  | Required records avail<br>parasite destruction       | able: shellstock tags                 |                                     |                         | 27       |       |              | Compliance wi                  |                  |          |                | ss,         | П               | Г   |
|                    |  |   | Protection fr  | rom Contamination                     |                                     |                         | 2'       |       | IN           | & HACCP plan                   | ,                | •        | •              | •           |                 |     |
| 13                 |  | OUT   | Food separated & prote                               |                                       | х                                   | П                       | Т        | Dia   | k Fastons    | oro impropor pro-              | otions or proper | duron in | lantified as t | ho most     |                 |     |
| 14                 |  | IN Food-contact surfaces: cleaned and sanitized Risk Factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health |  |                                       |                                     |                         |          |       |              |                                |                  |          |                |             |                 |     |
| 15                 |  | IN  | · ·  | eturned, previously served,           |                                     |                         |          |       |              | are control measure            |                  |          |                |             |                 |     |
|                    |  |   | reconditioned, & unsaf                               |                                       |                                     | Ш                       |          |       |              |                                | · ·              |          |                |             |                 |     |
|                    |  |   | Cood Datail Drastians are                            | GOOD I                                |                                     |                         |          | _     |              | ale and physical ship          | ata into fooda   |          |                |             |                 |     |
| ١                  |  |   |  | preventative measures to control the  |                                     |                         | -        |       |              |                                |                  |          |                |             |                 |     |
| Ma                 | rk ")  | C" in box if n  | umbered item is not in com                           | pliance Mark "X" in appropriate       |                                     | т т                     | )S an    | nd/or | R CO         | OS=corrected on-site           | e during inspec  | tion     | R=repeat       | violation   |                 |     |
|                    |  |   |  |                                       | cos                                 | R                       | $\perp$  |       |              |                                |                  |          |                |             | cos             | R   |
|                    |  |   | Safe Food and  |                                       | —                                   |                         |          | I     |              | •                              | e of Utensils    |          |                |             |                 |     |
| 28<br>29           | -  |   | d eggs used where requ                               |                                       | _                                   | Н                       | -        | IN    |              | ensils: properly sto           |                  |          |                |             | $\vdash$        |     |
| 30                 | IN   |   | e from approved source<br>obtained for specialized p |                                       | +                                   | $\vdash$                | 42       | -     |              | , equipment, & line            | · · ·            |          |                |             | $\vdash$        |     |
| 30                 | IN   | variance (  | Food Temperature (                                   |                                       |                                     |                         | 43<br>44 | -     |              | se & single-service            | articles: pro    | perly s  | torea & us     | ea          | $\vdash$        |     |
|                    | _  | Proper co   | oling methods used; ade                              |                                       | $\overline{}$                       |                         | -        | 1114  | Gioves u     | Utensils, Equip                | ment and Ven     | dina     |                |             |                 |     |
| 31                 | Х  | temperatu   | •  | deero oderbillotti tot                |                                     |                         |          | J., . | Food & n     | ion-food contact su            |                  |          |                |             | П               |     |
| 32                 | IN   | Plant food  | properly cooked for hot                              | holding                               |                                     |                         | 45       | IN    |              | designed, constru              |                  |          |                |             |                 |     |
| 33                 | IN   |   | thawing methods used                                 | <u>-</u>                              | $\top$                              | П                       | 46       | IN    | Warewas      | shing facilities: inst         | talled, mainta   | ined, 8  | & used; tes    | t strips    | П               |     |
| 34                 | IN   | Thermome  | ters provided and accur                              | rate                                  |                                     |                         | 47       | Х     | Non-food     | d contact surfaces             | clean            |          |                |             | П               |     |
|                    |  |   | Food Identificati                                    | on                                    |                                     |                         |          |       |              | Physic                         | al Facilities    |          |                |             |                 |     |
| 35                 | IN   | Food prop   | erly labeled; original cor                           | ntainer                               |                                     |                         | 48       | IN    | Hot & co     | ld water available;            | adequate pre     | essure   |                |             | Ш               |     |
|                    |  |   | Prevention of Food Conf                              | tamination                            |                                     |                         | 49       | IN    |              | g installed; proper            |                  |          |                |             | Ш               |     |
| 36                 |  |   | dents, & animals not pro                             |                                       |                                     | Ш                       | 50       | -     |              | & waste water pro              |                  |          |                |             | $\sqcup$        |     |
| 37                 | IN<br>   |   |  | ood preparation, storage & display    | +                                   | Н                       | 51       | -     |              | cilities: properly co          |                  |          |                |             | $\vdash$        |     |
| 38                 | IN<br>V  | Personal c  |  |                                       | +                                   | $\vdash$                | 52       | -     |              | & refuse properly              |                  |          |                | t           | $\vdash \vdash$ |     |
| 39                 | 39 X Wiping cloths: properly used & stored x   53 X Physical facilities installed, maintained, & clean                           |   |  |                                       |                                     |                         |          |       |              | Х                              |                  |          |                |             |                 |     |
| 40                 | IIN  | washing fi  |  | ^                                     |                                     |                         |          | ΙΙΝ   | Adequat      | e ventilation & ligh           | ung; designat    | ed are   | eas used       |             |                 |     |
|                    |  |   |  | ROM Q W                               |                                     | 1                       | 4        |       |              |                                | _                |          |                |             |                 |     |
| Per                | Person in Charge (Signature)  Health Inspector (Signature)  LOUIS LACHANCE  Date: 8/5/2021  Follow-up: YES NO Date of Follow-up: |   |  |                                       |                                     |                         |          |       |              |                                |                  |          |                |             |                 |     |
|                    |  | nspector (S   | ignature)  | House & for                           |                                     | <u>/</u>                |          |       |              | Dv=0                           | <b>√</b> NO Da   | nto      | Eallann        |             |                 |     |
| LO                 | UIS  | LACHANCE  | :<br>  | y some of sale                        |                                     |                         |          |       | Folio        | w-up: YES                      | TATIMO D         | ale OI I | Follow-up:     |             |                 |     |
|                    |  |   |  |                                       |                                     |                         |          |       |              |                                |                  |          |                |             |                 |     |

|  | State of               | Maine He         | ealth Inspect             | ion Rep     | ort                    | Page 2 of 4            |
|--|------------------------|------------------|---------------------------|-------------|------------------------|------------------------|
| Establishment Name<br>JADE GARDEN                |                        |                  | Date 8/5/2021             |             |                        |                        |
| License Expiry Date/EST. ID#<br>12/1/2021 / 7466 | Address<br>675 MAIN ST | <b>!</b>         | City / State<br>LEWISTON  | / <b>ME</b> | Zip Code<br>04240-5802 | Telephone 207-783-1818 |
|  |                        | emperatu         | re Observat               |             |                        |                        |
| Location   | Temperature            | 1                |                           | Notes       |                        |                        |
| Jumbo shrimp                                     | 35*                    | Appetizer coole  | er                        |             |                        |                        |
| Hand wash sink                                   | 112*                   |                  |                           |             |                        |                        |
| BBQ pork   | 112*                   | 45 minute rehea  | ating process             |             |                        |                        |
| Low temp auto dish                               | 50-99 ppm              | Chlorine solutio | on                        |             |                        |                        |
| Raw chicken                                      | 50*                    | Received prior   | to arrival, unrefrigerate | ed, COS.    |                        |                        |
| Lo mein  | 188*                   | Cooked for serv  | vice                      |             |                        |                        |
| Bok choy   | 36*                    | Walk in cooler   |                           |             |                        |                        |
| BBQ pork   | 37*                    | Wok reach-in co  | ooler                     |             |                        |                        |

Person in Charge (Signature)

Health Inspector (Signature) LOUIS LACHANCE Ren QM Lin Lowe Lahuno

Date: 8/5/2021

# State of Maine Health Inspection Report

Page 3 of 4 8/5/2021

Date

**Establishment Name** 

**JADE GARDEN** 

License Expiry Date/EST. ID# 12/1/2021 /7466

**Address** 675 MAIN ST

City / State LEWISTON

Zip Code 04240-5802

# Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 and 8-406.11 of the Food Code

6: 2-301.12: C: Food employees are not following proper hand cleaning procedures.

INSPECTOR NOTES: Food worker rinsing hands with water when washing was required, then wiping hands on their apron. Use soap, hot water and wash for 20 seconds. Wipe hands with single use paper towel. \*COS

13: 3-302.11.(A).(1).(A): N: Raw Ready-to-Eat food not protected from cross contamination from raw animal foods during storage, preparation, holding, or display.

INSPECTOR NOTES: Raw chicken wings held in cold holding above several RTE items. Raw proteins need to be stored below RTE items. \*COS

20: 3-501.16.(A).(2): C: PHF not maintained at 41 F or less.

INSPECTOR NOTES: Raw chicken elevated in temperature due to lack of refrigeration after product was delivered. All PHF's must be received and held at 41\* or below. \*COS

31: 4-301.11: N: Insufficient hot holding and/or cold holding equipment.

INSPECTOR NOTES: Small walk in cooler and stand alone coolers not sufficient in size/number to properly hold all foods safely and protected.

39: 3-304.14.(B).(1): N: Wiping cloths used for wiping counters and other equipment surfaces not held between uses in a chemical sanitizer.

INSPECTOR NOTES: Service/plating area wiping rags not held in sanitizer bucket. All wiping cloths must be held in proper sanitizing solution. \*COS

47: 4-601.11.(C): C: Nonfood contact surfaces are not clean.

INSPECTOR NOTES: Dish machine and hard to reach areas of cooking equipment have severe build up of grease and old food particles. Clean more often and as necessary.

53: 6-501.12: N: The physical facilities are not clean.

INSPECTOR NOTES: \*\*REPEAT\*\* Floors and coving in kitchen area are unclean. Be more thorough in cleaning hard to reach areas as this problem can attract pest and promote the growth of organisms.

Person in Charge (Signature)

Health Inspector (Signature) LOUIS LACHANCE



Date: 8/5/2021

|   | <b>State of Maine</b>  | <b>Health Inspection</b> | Repor | t                      | Page 4 of 4   |
|---|------------------------|--------------------------|-------|------------------------|---------------|
| Establishment Name                            |                        |                          |       |                        | Date 8/5/2021 |
| JADE GARDEN                                   |                        |                          |       |                        |               |
| License Expiry Date/EST. ID# 12/1/2021 / 7466 | Address<br>675 MAIN ST | City / State<br>LEWISTON | ME    | Zip Code<br>04240-5802 |               |

# **Inspection Notes**

### Certified Food Protection Manager:

Unless directed otherwise, all Eating Establishments are required to submit a copy of their Certified Food Protection Manager (CFPM) certificate. A CFPM must be hired at the time of a new eating establishment opening or within 60 days of when a CFPM leaves employment. For a list of CFPM courses and trainers go to

http://www.maine.gov/healthinspection/training.htm

Please provide a copy of this certification(s) to Carol Gott, Health Inspection Program, 286 Water St. 3rd Floor, Augusta, ME 04333, carol.gott@maine.gov or faxing to 207-287-3165.

Please include the name of your establishment and the establishment ID# with your certification(s).

#### Employee Health Policy:

The Health Inspection Program has implemented an educational public health initiative on Employee Health on March 1, 2017. The policy handouts will be provided to you by your inspector and reviewed during inspection for compliance. They are also available on the Program's website: http://www.maine.gov/healthinspection

### 2013 Maine Food Code Adoption:

The Maine Food Code was adopted in October of 2013. Please refer to our website for a copy,

http://www.maine.gov/healthinspection. Following are a few of the major changes: \* No Bare Hand Contact with Ready-To-Eat Food. \* Establishments must have clean-up procedures for employees to follow following vomiting and diarrheal events. \* Date marking of Ready-to-eat potentially hazardous foods.

### Violation Correction Timeframe:

Critical violations should be corrected on site, but in any event, within 10 days. The licensee must contact Louis Lachance when the critical violation has been addressed at 207-513-3125 extension 3224 or at llachance@lewistonmaine.gov. Non-critical violations must be corrected within 30 days. Failure to satisfactorily correct these violations before the follow-up inspection may result in enforcement proceedings by the Department to include fines and penalties. License renewals can be denied if violations are not corrected within the noted timeframes.

### C= Critical violation and NC= Non-critical violation:

"Critical violation" means a provision of the Food Code that, if in non-compliance, is more likely than other violations to contribute to food contamination, illness or environmental health hazard.

### Additional Inspection Fee:

License fees provide for two inspections per year. When additional inspections are required, the Department may charge an additional \$100 fee to cover the costs of each additional inspection or visit.

#### Document Retention/Posting:

Pursuant to the Maine Food Code, the establishment's current license must be displayed. In addition, a sign or placard must be posted in a conspicuous area notifying consumers that a copy of the most recent inspection report is available upon request. CFPM certificates must be posted in a conspicuous area and must be available to the Department upon request.

Date: 8/5/2021

Person in Charge (Signature)

Health Inspector (Signature)
LOUIS LACHANCE

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